



State of California

Respiratory Care Board

444 North 3rd Street, Suite 270, Sacramento, CA 95814, Telephone (916) 323-9983



Gray Davis, Governor

November 16, 2001

The Honorable Pete Stark
239 Cannon House Office Building
U.S. House of Representatives
Washington, D.C. 20515

RE: ACCESS TO RESPIRATORY THERAPISTS IN THE HOME

Dear Congressman Stark:

The Respiratory Care Board of California (Board) is the State agency created by the Legislature charged with protecting the public from the unauthorized and unqualified practice of respiratory care and from unprofessional conduct by persons licensed to practice respiratory care. The Board strongly supports and urges that respiratory therapists are recognized under the Medicare home health services benefit with the following suggested language:

"A respiratory therapist may be utilized as a substitute when respiratory therapy services are furnished as part of a plan of care by a licensed nurse or physical therapist under the Medicare home Health Services benefit (Section 1861(m) of the Social Security Act)."

Currently, home respiratory therapy is covered under Medicare when it is part of a plan of care by a nurse or a physical therapist. The proposed language would recognize respiratory therapists and allow their services to be considered a skilled visit under the plan of care. Respiratory therapists are formally educated, clinically trained, and competency tested in their field. For Medicare beneficiaries who are ventilator dependent, or who suffer from Chronic Obstructive Pulmonary Diseases such as emphysema and chronic bronchitis, respiratory therapists may be the best provider option. By not recognizing respiratory therapists under the Medicare home health services benefit, patient safety may be jeopardized and consumers are prevented from receiving the best care for their respiratory illnesses.

There is now a body of research which shows that costs are better controlled and quality of care improved when the care of patients with lung diseases, as ordered by a physician, is delivered by a licensed respiratory therapist. In recognition of this, many of the national physician associations have issued resolutions stating their support for respiratory therapists (see enclosures).

As you know, no additional expenses would incur from this requested change. Rather, it would provide for a different, and in some cases, more qualified therapist. Further, this recognition would not mandate the use of respiratory therapists, but rather, provide the opportunity for patients with respiratory diseases to obtain the best possible treatment.

Thank you for your consideration in this matter. Should you have any questions, please do not hesitate to contact our Executive Officer, Stephanie Nunez at (916) 323-9977.

Sincerely,

Barry Wing, Ed.D., RCP
President

Enclosures



This letter (and enclosures) was personalized and sent to each of the following:

The Honorable Barbara Boxer
United States Senate
112 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Diane Feinstein
United States Senate
331 Hart Senate Office Building
Washington, DC 20510

The Honorable Xavier Becerra
1119 Longworth House Office Building
Washington, D.C. 20515

The Honorable Wally Herger
2268 Rayburn House Office Building
Washington, DC 20515

The Honorable Robert Matsui
2308 Rayburn House Office Building
Washington, D.C. 20515-0505

The Honorable Pete Stark
239 Cannon House Office Building
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Bill Thomas
4100 Truxtun Avenue, #220
Bakersfield, CA 93309



STATEMENT OF SUPPORT
FOR
RESPIRATORY CARE PRACTITIONERS
OCTOBER 1996

Health care organizations have sought to implement the use of substitute caregivers. The American Society of Anesthesiologists is particularly concerned about this trend in the area of respiratory care.

Respiratory care is a highly specialized allied health profession. Respiratory Care Practitioners (RCPs) are trained to care for patients under the supervision of a qualified medical director in multiple clinical settings including home care, subacute care and hospitalized patients. The patients under their care frequently include a disproportionately sicker population than is the case for most other allied health practitioners and RCPs have responsibility for the control of life support equipment in critically-ill patients. RCPs also play an indispensable role in the coordination and utilization of respiratory care services in these multiple settings.

RCPs undergo unique and rigorous formalized training, the programs of which are nationally accredited. They are qualified by a valid and reliable national testing system. They work under the leadership and guidance of a qualified medical director and have done so for many years.

ASA is deeply concerned about the use of other practitioners delivering respiratory care services. The standard of care to patients could be compromised unless these other individuals received the same extensive education, training and competency testing as required of RCPs.

ASA strongly supports the continued use of nationally credentialed Respiratory Care Practitioners working under the supervision of a qualified medical director as they are the most highly qualified health care personnel to deliver respiratory care services to patients.

NATIONAL ASSOCIATION FOR MEDICAL DIRECTION OF RESPIRATORY CARE

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NAMDRC Statement

Non Physician Providers of Respiratory Care Services

In the changing health care system that is currently in progress, NAMDRC unequivocally supports the premise that respiratory care practitioners are the non-physician care givers who are best qualified by both education and examination to render respiratory care services in the hospital and at alternate sites, including the home. Due to the complex nature of these services and the patient risks involved, respiratory care services should be provided under the direction of a qualified medical director. NAMDRC has confidence that outcome studies, which are currently in progress, will provide further scientific validation of the benefits attributable to respiratory care practitioners.

The hours of education and the curriculum required for credentialing of a respiratory care practitioner should be the standard for all non-physician providers of respiratory care services. Verification of the knowledge and skills acquired through this educational process should be documented by appropriate testing, which includes input from physicians who specialize in respiratory medicine in the preparation of certifying examinations.

The current educational process required for credentialing of respiratory care practitioners makes them best qualified to carry out orders for respiratory care clinical interventions. Therefore, respiratory care practitioners play a critical and unique role in the coordination and utilization of respiratory care services at all sites, which is essential for appropriate patient care.

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21st NAMDRC Annual Meeting - March 12-14, 1998
San Diego, CA

American College of Chest Physicians
Section on Respiratory Care

RESOLUTION

Role of Respiratory Care Practitioners in the Delivery of
Respiratory Care Services

In today's ever-changing health-care field, efforts have been made to decrease costs by having a variety of health-care providers deliver respiratory care services. We are concerned that the quality of these services may be inferior if the health-care provider has not had adequate training and experience. Respiratory care practitioners (RCPs) are particularly qualified to assess patients with respiratory problems and to deliver the various modalities of respiratory care because of their unique educational background and training. Their profession has assured practitioner competence by requiring national accreditation of all training programs. This is supplemented by a national credentialing mechanism, often linked with state licensure. Continued competence is bolstered in almost every state by the legal requirement for continuing education in respiratory care. Further, RCPs provide these services under the direction of a qualified medical director.

Because RCPs have specialized training and experience, they play a vital role in the coordination and utilization of respiratory care services. This role is particularly pertinent in this era of managed care, which has resulted in an increased severity of illness in hospitalized patients, as well as in those cared for in their homes and other out-of-hospital sites. Although other health-care providers may possess the necessary training and experience to deliver simple modalities of respiratory care, the RCP is uniquely qualified to assist the physician in assessing the overall respiratory needs of patients, and in recommending and delivering the necessary care. Respiratory care modalities can be most beneficial and cost-effective when the RCP functions within the guidelines of physician-approved respiratory care protocols.

In order to assure the safety, quality, and appropriateness of respiratory care services delivered to the patients in need, the American College of Chest Physicians strongly endorses the essential role of the competent RCP in providing respiratory care under the direction of a qualified medical director.

July, 1997

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CALIFORNIA THORACIC SOCIETY

POSITION PAPER

Respiratory Care At Alternate (Out Of Hospital) Sites

INTRODUCTION

With the changes that are occurring in the health care delivery system increasingly complex care is being delivered to more severely ill patients in settings other than the acute care hospital. These sites include transitional care units, skilled nursing facilities, nursing homes and the patient's home. The ancillary healthcare personnel delivering these services have varying degrees of training. The California Thoracic Society is concerned that some of these personnel are being asked to assess and deliver respiratory care to patients who have problems and needs that the personnel have not been adequately trained to address, presenting a potential risk to the patient. This statement addresses those concerns.

ROLE OF RESPIRATORY CARE PRACTITIONERS

Respiratory Care Practitioners (RCPs) are qualified to assess patients with respiratory problems and to deliver the modalities of respiratory care because of their educational background and training. Although other healthcare providers may possess the necessary training and experience to deliver simple modalities of respiratory care, the RCP is qualified to assist the physician in assessing the overall needs of patients, and recommending and delivering necessary care. This care can be both beneficial to the patient and cost-effective, particularly when done within guidelines of physician-approved respiratory care protocols.

The patients under the care of the RCP are frequently a sicker population than are generally cared for by most other allied healthcare practitioners. RCPs have responsibility for the control of artificial life support equipment and for the assessment of patients with compromised respiratory status. While many of these patients may appear stable, their lack of pulmonary reserve places them in constant jeopardy. The training and the experience of RCPs ensure appropriate care of this fragile patient group.

ATTENTION: GRAHAM NELAN (FAX # (212) 315-6498)

1 NOV., 2001

HERE IS A ROUGH DRAFT OF THE ATS/AARC STATEMENT. PERHAPS YOU OR I COULD FORWARD IT TO THE THREE NEW BOMA REPS FOR ADVICE AND CONSENT. THIS WOULD HELP THEM GET INTO THE SWING OF THINGS RIGHT AWAY. ALSO, NICE RECRUITMENT JOB!

DICK SHELDON

ROUGH DRAFT

RESOLUTION

American Thoracic Society Position of Support for Respiratory Therapists as the Primary Source for the Delivery of Quality Respiratory Care by Non-Physicians.

America's health care continues to evolve into an increasingly complex system where quality and safety interact with cost. Making this system more challenging is a growing population of high acuity patients needing respiratory services. In trying to resolve what at times seems to be an impossible situation, health care providers have utilized personnel with little or no training in the field of respiratory care to render care to patients afflicted with lung diseases - to the detriment of science and patients. Responding to this problem by using unqualified care givers is both short-sighted and unethical. Data now exists which shows that using unqualified care-givers is ultimately not cost effective in the management of patients with lung disease.

The American Thoracic Society (ATS), along with other national medical groups, has been involved over the last fifty years with the development of a group of professionals identified as Respiratory Therapists. This group of professionals has progressed through education, national testing and State licensure to a level of science and expertise which makes them more than able to meet the demands of the current complexity of respiratory care. As these respiratory care practitioners have progressed under the direction of physician colleagues, so has the science and art of respiratory care. This progress has allowed American citizens with lung diseases to receive the highest level of respiratory care available on the planet. This progress must not be sacrificed to false economy by allowing less than first rate care.

For this reason, the ATS strongly endorses the concept that Respiratory Therapists should be used to deliver respiratory care when the care is prescribed by a physician. Anything less runs the unacceptable risk of compromising patient safety and increasing cost.

The ATS is committed to the principle that our fellow citizens with lung diseases deserve the best.